

# 2001 UNIFORM BUSINESS REPORT (UBR)

03-26-2001 90157 001 \*2,695.00

0036333

**DOCUMENT # N12554**

1. Entity Name

**ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**FILED**

**01 APR 13 AM 10:25**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US

Mailing Address  
1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066-1453  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2656741**  
Applied For   
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAVO, PAT T.  
1310 AVENUE OF THE STARS  
1001 WYNMOOR CIRCLE  
COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YELNER, JULES</b> <b>1801 ELEUTHERA PT. APT B1</b> <b>COCONUT CREEK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KISS, ALEX</b> <b>1804 ELEUTHERA POINT APT K1</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>ROTH, JOCELYN</b> <b>1803 ELEUTHERA PT A-4</b> <b>COCONUT CREEK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRISEL, EVELYN</b> <b>1802 B-2 ELEUTHERA PT</b> <b>COCONUT CREEK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LEVINE HARRY</b> <b>1805 ELEUTHERA PT C-4</b> <b>COCONUT CREEK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P/D</b> <b>YELNER JULES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 ELEUTHERA PT. APT B-1</b> <b>COCONUT CREEK - F 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>EVELYN KRISEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1802 ELEUTHERA POINT APT B-2</b> <b>COCONUT CREEK - FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYN M. ROTH 1/19/01 (954) 978-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)